

NOTIFICATION TO REGIONAL ADULT ABUSE/NEGLECT REGISTRY CONTACT

Date: _____

TO: _____
(Regional/Institution Registry Contact) County Where Incident Occurred

FROM: _____
(APS Social Worker) (DCF Region)

RE: Placement of Substantiated Perpetrator's Name on the Central Registry

(Name of substantiated perpetrator) **SEX:** _____ **DOB:** _____ **SSN:** _____

Date of Finding _____

☐ Has not appealed the substantiated finding(s) or substantiated finding uphold through full appeal process.

☐ Abuse ☐ Neglect ☐ Exploitation ☐ Fiduciary Abuse (Check all that apply.)

This name can be placed on the Adult ANE Registry of Substantiated Adult Perpetrators

Effective date _____

Intake Number: _____

County: _____

Involved Adult: _____

For information regarding this form, contact Prevention and Protection Services , DCF Administrative Office, 555 S. Kansas, 4th Floor, Topeka, KS 66603-3444 (785)296-4653

Distribution: _____ Original - Regional/ - Registry Contact _____ Copy –Note Section of KIPS record

